



USAID | **FORTE Saúde**
FROM THE AMERICAN PEOPLE

FORTE Saúde

(Fostering Optimization of Resources and Technical Excellence for Health)

PERFORMANCE MONITORING REPORT **(July 1, 2008 – December 31, 2008)**

This publication was produced for the United States Agency for International Development by Chemonics International (prime), Jhpiego and Helen Keller International. The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

USAID Contract No. GHS-I-00-03-00025; Order No. GHS-I-06-03-00025-00

Maputo, January 29, 2008

INTRODUCTION

FORTE Saúde (FS) works with the central level of the Ministry of Health (MoH) to improve quality and efficiency of services in Maternal and Child Health (MCH)/Reproductive Health (RH). The contract provides technical and financial support in a variety of areas, in collaboration with three PVOs carrying out USAID-funded health activities in selected districts of the provinces of Nampula (Save the Children), Zambézia (World Vision), Gaza (Pathfinder) and Maputo (Pathfinder).

2008: year of implementation and transition – the second six months (July 1 to December 31)

In the second semester, FS prepared and participated in its mid term evaluation; results of this evaluation are pending. In this semester, FS received a notification of termination effective March 31, 2009. This activated a process aimed at a quick and effective transition of FS implementation to the MoH.

Highlights of the semester include under **Objective 1**, the completion of the revision of maternity ward data forms (after 2 years of work with MoH), integrating 5 register books into a single streamlined register. FS developed a plan for national M&E training (approved by the Minister of Health). The project supported provincial M&E training (based on training plan). FS

In **Objective 2**, FS provided technical support for the development of a National Strategic Plan for Non-Communicable Diseases Prevention and Control, including cervical and breast cancer (the plan was approved in October). The project provided technical input for the creation of a National Reference Technical Group for Breast and Cervical Cancer Prevention and Control. FS led the compilation of a list of main equipment/materials for cervical cancer screening as well as the bidding process; the procurement was funded by UNFPA. The project was actively involved in the development of an "integrated plan to achieve MDG 4 and 5". MOH approved the proposal for the institutionalization of the newborn post-natal visit, to which FS contributed significantly.

In **Objective 3**, FS completed the first SRH/CH QI training cycle in Mozambique, by organizing and facilitating the QI Module III, with technical complements related to management and leadership, and information systems, with 59 participants from Nampula, Zambézia, Manica, Sofala, Gaza and Maputo provinces.. In addition, FS supported the development of plan to scale up the QI process in the remaining 5 provinces (Cabo Delgado, Niassa, Tete, Inhambane and Maputo Cidade). Management and leadership workshops were held in Zambézia and Cabo Delgado.

FS concluded the placement of all MPH students at University of Pretoria (Objective 4). All subsequent administrative and academic follow-up for UEM and U. Pretoria students has been handed over to USAID.

The severe financial constraints (with resulting staff reductions and limitation of activities) and the preparation for an early close-out were the major **challenges** faced by FS in the semester. The handover process was compromised by minimal staffing levels at MoH, complicated by MoH officers being involved with the development of a plan to achieve MDG 4 and 5 by 2015 and the pressure to identify and complete activities of greatest impact.

Section A, which follows, provides a summary of FS's activities (planned and unplanned) and results for the first semester of 2008. Section B presents projections for the first quarter of 2009, and the expected contract performance. Sections C and D provide a story and an example of a best practice. *Italics* in the tables refers to activities to be implemented at the provincial level with FS's assistance, in coordination with the MoH central level, provincial directorates and USAID-funded PVOs working in those provinces.

Section A

Activities/interventions: Summarize activities and interventions carried out in the last six months which were previously reported as "planned activities".

Performance: For each of the activities/interventions, state if they are on-target or not and comment.

Reported results: Summarize the tangible results.

Comments: (E): what was the expectation for the semester, ie, what or % of what results, if not what was the planned result; (W): when the final result is to be achieved; (R): reason(s) for low performance, defined as below 50% or other reason the % is not was anticipated; (O): other very relevant and concise comments.

Table 1: Activities and interventions, performance and reported results for planned and unplanned activities

| Activities/Interventions | Perform. | Reported Results (Tangible) | Comments | PE |
|--|----------|--|---|-----------------|
| Planned | | | | |
| Specific objective one: Strengthen information and communication technologies (ICT) and monitoring and evaluation (M&E) in the areas of Reproductive Health (RH), Child Health (CH), Expanded Program of Immunization (EPI), nutrition and malaria, at the central level and <i>in four target provinces.</i> | | | | |
| Support DIS technically in the implementation of the roadmap for the reorientation/reorganization of the NHIS | 0% | No implementation. | E: 100% W: Unknown R: Implementation severely compromised by sacking of head of DIS. | 1.6.10 1.7.5 |
| Determine and prioritize quality improvement information needs and relevant data flows to support decision making in RH, CH, Nutrition, Malaria and Epidemics programs | 100% | Maternity ward data collection/aggregation forms finalized. | E: 100% | 1.6.10 1.7.5 |
| Develop and maintain a database for the QI process, including training of users from the facility and provincial levels | 90% | Database fully functional but not yet deployed. New consultant identified to secure export of QI data into Excel. | E: 100% W: January 2009 R: Issues with responsiveness of a previous QI database consultant O: Location of QI database servers pending. | 1.6.10 1.7.5 |
| Support DNPPS in the selection and availability of information in the MOH website | 100% | Proposal for improvement of SRH/CH contents in the MoH portal developed by FS and submitted to MoH. | E: 100% W: January 2009 O: Training for DNPPS will take place January 2009, after meetings between the webmaster and the head of DNPPS, after FS suggestion | 1.6.10 1.7.5 |
| Support the MOH in the development and implementation of a M&E national training plan | 100% | Trip report from FS supported M&E trainings. | E: 100% | 1.6.11 1.7.6 |
| Organize and facilitate one PVO coordination meeting | 100% | Minutes of PVO coordination meeting. | E: 100% O: This was the last PVO coordination meeting with FS participation | 1.7.6 |
| Specific objective two: Development of policies, strategies and guidelines in the areas of RH and CH including components of nutrition, malaria and epidemics, and assist with adoption, dissemination and implementation <i>in the provinces.</i> | | | | |
| Activities/Interventions | Perform. | Reported Results (Tangible) | Comments | PE |
| Provide TA to finalize/disseminate SRH&CH strategies and guidelines : - Road Map to reduce MNM - National Strategy for Traditional Birth | 100% | Road Map to reduce MNM reproduced and disseminated to all DPS, MOH and CH partners. Final document available. | E:100% | 1.7.3 |

| | | | | |
|--|------|--|--|-----------------|
| <p>Attendants</p> <ul style="list-style-type: none"> - National SRH and CH Partnership - National Strategy for Mother Waiting House - Communication approach for MCH - Strategic Plan for Neonatal and Child Health 2008-2012 - IMCI flowcharts, and child health card - Certification of Health Facilities in IMCI and EmOC - Standards for Essential Care of the Newborn - Standards of care for managing high risk children - Guidelines for NCH referral care and Newborn postnatal visit | 100% | National Strategy for Traditional Birth Attendants, National SRH and CH Partnership Proposal and National Strategy for Mother Waiting House finalized and submitted for MOH approval. Strategic Plan for Neonatal and Child Health 2008-2012 resubmitted for MoH approval. | E:50% W: February 2009 | 1.7.3 |
| | 100% | Child health card approved and tested in Nampula, Beira and Maputo, December 2008. Guidelines for NCH referral care and child post-natal visit on 3 rd and 7 th days and 4 th week approved by MoH. Standards for Essential Care of the Newborn approved version available. | E:50% W: January 2009 O: Child health card in the Roll-out phase; Circular need to be produced by DNASP to inform/disseminate RN guidelines for post-natal visit on 3 rd and 7 th days and 4 th WHO agreed to reproduce Standards for Essential Care | 1.7.3 |
| | 80% | Final version of Certification of Health Facilities in IMCI and EmOC available. Standards of care for managing high risk children - advanced draft available. | E: 50% W: January 2009 O: Certification of Health Facilities in IMCI and EmOC will be reviewed to incorporate basic standards of care | 1.6.2 1.6.6 |
| | 80% | Strategies for Family Planning - advanced draft available. SRH & CH Commodity Security Plan - draft available. | E: 50% W: January 2009 O: MoH recommended the development of an NHS Commodity Security Plan (see unplanned activities) | 1.7.3 |
| Provide TA to develop and follow up on approval for: | 100% | Integrated Strategic Plan for the achievement of the MDG 4&5 final doc available and submitted for MoH approval. | E: 50% W: February 2009 | 1.7.3 |
| <ul style="list-style-type: none"> - Strategies for Family Planning - SRH&CH Commodity Security Strategy - Integrated Strategic Plan for the achievement of the MDG 4&5 - Training curricula and guidelines for IMCI integrating HIV/AIDS and PMTCT prevention aspects | 0% | Training curricula and guidelines for IMCI. | E: 50% W: January 2009 O: Development of training curricula and guidelines for IMCI is pending due to other MOH priorities | 1.7.3 |
| Development/update of SRH guidelines/training materials | 25% | SOW for consultants/ reference group to review SSR and CH guidelines developed and approved by MoH. Summary of SSR & CH guidelines/protocols developed. | E: 50% W: January 2009 O: MOH hired consultants to update SSR and CH guidelines. FS provided technical support which cannot continue due to project termination | 1.6.11 1.7.6 |
| Finalize the translation and adaptation of training materials for prevention and treatment of cervical cancer | 100% | Clinical guidelines on prevention and treatment of cervical cancer available in Portuguese. Trainer guidelines on prevention and treatment of cervical cancer available in Portuguese | E: 100% W: January 2009 O: Trainer guidelines under technical review | 1.6.11 1.7.6 |
| Provide TA for trainings on prevention and treatment of cervical and breast cancer (2.B.1.b) | 0% | Training of health professionals on prevention and treatment of cervical and breast cancer. List of the main equipment developed, submitted and approved by MOH. | E: 100% W: unknown O: Canceled since the activity is highly dependent on the availability of equipment and materials for VIA and cryotherapy | 1.7.6 |

| | | | | |
|---|-------------------------------|--|--|-----------------|
| | | Minutes of meetings with MoH to discuss operational aspects of the establishment of cervical and breast cancer prevention services. | FS supported MOH in the procurement of cervical cancer equipment and materials | |
| Support development of communication materials to be used in training to prepare provincial/district staff to implement AI communication strategy. | Initiated | Communication materials for provincial and district trainers to use in communities and target audiences, available. | E: 50% W: February 2009 R: Delays in decisions O: Excellent MINAG and USAID Pretoria support | 1.4.4 1.4.8 |
| Activities/Interventions | Perform. | Reported Results (Tangible) | Comments | PE |
| Specific objective three: Strengthen MoH capacity in management, leadership and promotion of quality in RH and CH at central level and in the target provinces. | | | | |
| Provide TA to train 25 health professionals from central and provincial levels involved with the implementation and follow-up of QI activities, in aspects of M&L | 100% 140% | 25 health staff trained in selected aspects of M&L - Report available from Module III training | E: 50% in Module II, 50% in Module III W: Module III completed in September 2008 R: N/A O: M&L incorporated into QI efforts in Module II and III | 1.6.11 1.7.6 |
| Provide TA for Directors and other relevant health staff from provincial directorates (DPS) and health facilities involved in QI activities to develop M&L specific action plans (in PMR#4) | 75% (Gaza) 100% (Zambézia) | Provincial directorates (Gaza, Zambézia) and health facilities with specific plans on M&L. Report available from Zambézia M&L Training (with World Vision financial and logistics support). | E: 100% on TA for training preparation and course implementation for Gaza and Zambézia DPSs W: Gaza Course cancelled.; Zambézia course completed in October R: FS financial constraints. Pathfinder new in the field; no budget for activity in Gaza | 1.6.11 1.7.6 |
| Finalize the preparation and facilitate the QI Module III | 100% | Module III conducted and report available. 59 health workers trained. | E: 100% W: September 2007 O: Report was shared with PVOs, USAID, MoH, UNFPA, WHO, UNICEF and other partners | 1.7.1 |
| Monitor QI process | 100% | Progress reports on QI process available. | E: 100% W: January 2009 | 1.6.10 1.7.5 |
| Follow up on SRH and CH "clinical update training": provide technical support for implementation of health facilities' QI plans | 100% | Reports on Follow up and TA support -available under QI reports. | E: 100% W: January 2009 | 1.6.11 1.7.6 |
| Define mechanisms to acknowledge progress in the QI process | 100% | Mechanisms for acknowledging progresses in QI process defined - final document submitted to MoH approval | E: 100% W: October 2008 O: Document on mechanisms for acknowledging QI process progresses was presented in SWAP group meeting shared by the health deputy minister and Module III. Agreed version was submitted for MoH approval | 1.6.11 1.7.6 |
| Develop a package of guidelines to support the scaling up of QI strategy at the provincial level | 80% | Package of guidelines to support scaling up of QI strategy available: Plan to scale up QI activities in the remaining 5 provinces finalized and submitted for MoH approval; Training materials for Module I, II and III available including management and leadership, and health information systems and monitoring and evaluation | E: 100% W: Jan 2009 | 1.6.11 1.7.6 |
| Provide TA to MOH for revision and development of planning processes | 100% | DNPPS PES 2009 revised and available | E: 100% W: December 2008 | 1.6.11 1.7.6 |

| Activities/Interventions | Perform. | Reported Results (Tangible) | Comments | PE |
|--|----------|--|---|-----------------|
| Specific objective four: Strengthening training actions in the areas of RH, CH, including aspects of nutrition and prevention and treatment of malaria. | | | | |
| Provide logistics support to candidates for including payment of fees, transport, materials and living allowance | 100% | FS financial support of 8 students at UEM plus 3 students abroad. The 4th candidate for Pretoria University decided to decline this scholarship. Activity to be continued by another USAID's service provider as of January 2009. Minutes of meetings held at USAID with FS and students, on Dec23 and 29. | E: 8 students at UEM plus 3 students abroad W: through 2009 R: Only 3 students abroad. 1 student failed GRE/TOFEL tests for UK and applied to Pretoria University. While awaiting for admission, she decided to decline this scholarship. All fees, materials and living allowances paid up to December 2008. Activity handed over to USAID on December 2008. | 1.6.12 1.7.7 |
| Monitoring students academic progress | 100% | Academic report received for 8 students (UEM) and 3 UP students | E: Academic reports for 8 (UEM) students. W: Jan 2008 for 2 nd semester UEM. R: Pretoria University provides academic reports annually. O: Phone, email, in person contact with students at UEM/UP | 1.6.12 1.7.7 |
| Strengthen management (1 course) and pedagogic capacity of nurse training institutes (NTI) (3 courses 1 by region) (4.B.1.): Finance management course for the nurse training institutes | 0% | Activity discontinued due to budget constraints | | 1.6.12 1.7.7 |
| Finance 2 nursing basic courses in Nampula | 0% | 60 people started the 1 st of three semesters training in February 2008 under FS program. Activity to be continued by other USAID's contractor (HAI). Handed over to HAI at the end of 1st semester of 2008. | E: Cancelled | 1.6.12 1.7.7 |
| Finance 2 nursing promotion courses in Zambézia | 0% | 30 people started the 1 st of three semesters training in February 2008 under FS program. Handed over to HAI at the end of 1st semester of 2008 and subsequently to USAID. | E: Cancelled | 1.6.12 1.7.7 |
| Unplanned | | | | |
| Objective 2 | | | | |
| Support the development of NHS commodity and security plan | 25% | SOW for hiring consultant to develop the NHS Commodity Security Plan developed and created a reference group to work on. | E: 50% W: Unknown O: MOH through UNFPA will contract consultant to continue working on | 1.7.3 |
| Support MoH to develop "Mozambique Progress Report on Achievement of the MDG 4 and 5". | 100% | Mozambique Progress Report on Achievement of the MDG 4 and 5, available. | E: 100% W: 2008 | 1.7.3 |
| Support to prepare guidelines for Godfathers/Mothers visiting Health Facilities at the provincial level | 100% | Guidelines available | E: 100% W: 2008 | 1.7.3 |
| Support IMCI trainings | 100% | Facilitated IMCI complementary course which included management of HIV/AIDS, malnutrition and newborn; Chimoio, August25-29 - report available. | E: 100% W: August-October 2008? O: Trained 26 Neonatal and Child health professionals from Zambézia, Tete, Manica and Sofala | 1.6.6 |
| Objective 3 | | | | |

| | | | | |
|--|------|---|--|-----------------|
| TA to provide M&L training in Cabo Delgado for Directors and other relevant health staff from provincial directorates (DPS) and health facilities involved in QI activities. | 75% | 25 people expected to be trained in M&L and with specific M&L plans. A 3 day course financed by EGPAF was CANCELLED by the DPS at the last minute due to other overlapping urgent commitments. | E: Course logistics and supporting materials completed. Course would be financed by EGPAF W: November 27, 2008. Cancelled for DPS. O: This activity falls under collaboration efforts among FS, MoH and other partners. The workshop was held for EGPAF staff. | 1.6.11 1.7.6 |
| Conduct a 3 day M&L training course during Module III | 100% | Training delivered to 60 participants; materials and report available. Activity completed. | E: 100%: O: Activity completed on September 2008 | 1.6.11 1.7.6 |
| Support the scale up QI activities | 100% | Facilitated Module I and baseline data collection practice in Maputo province, August 18-22 held in Boane (with Marracuene, Moamba, Matutuíne and Boane staff) organized by EGPAF - report available. Facilitated Module I and baseline data collection in Namitória health center and Angoche Hospital Rural in Nampula province, September 9-18. Report available. | E: 100% W: August-September 2008 O: FS provided technical expertise and adapted training materials for these levels | 1.6.10 1.7.5 |

Section B

Planned Activities and Interventions: List future activities and interventions planned to be implemented within the next three months (Jan -Mar 2009).

Expected Future Results: Summarize tangible results expected at conclusion of next month period and whether expectation is still reasonable.

Performance: State if on-target or not and comment.

| Planned activities/ interventions | Expected Future results | Performance (on-track etc) | Comments on projected performance | PE |
|---|---|----------------------------|---|-----------------|
| Specific objective one: Strengthen information and communication systems and technologies, monitoring and evaluation in the areas of RH, child survival, EPI, nutrition and malaria, at the central level and <i>in four target provinces</i> . | | | | |
| Determine and prioritize quality improvement information needs and relevant data flows to support decision making in RH, CH, Nutrition, Malaria and Epidemics programs | Exportation of QI data into Excel tables, from the online database secure | On-track | | 1.6.10 1.7.5 |
| | Consultant hired to finalize exportation | On-track | | 1.6.10 |
| | Final tests of database functionality conducted | On-track | | 1.6.10 |
| | Location (primary administrators) servers for QI database identified QI servers set up | On-track | | 1.6.10 |
| Support MOH in the development of capacity to perform monitoring and evaluation in the areas of RH, CH, EPI, Nutrition and Malaria | Report with recommendations for improvement and/or sustainability and follow-up compiled | On-track | Waiting for MoH decision on when follow-up will take place. | 1.6.11 1.7.5 |
| Specific objective two: Development of policies, strategies and guidelines in the areas of RH and CH including components of nutrition, malaria and epidemics, and assist with adoption, dissemination and implementation in the target provinces. | | | | |
| Work with the MOH sections of RH and CH in adopting of policies, strategic plans and guidelines in respective areas of intervention | Strategy for Family Planning and proposal on Communication approach for MCH finalized Advanced draft on NHS Commodity Security Plan, available Standards for Essential Care of the Newborn; Guidelines for NCH referral care and RN post-natal visit on 3 rd and 7 th days and 4 th week and Child health card, disseminated | On track | | 1.7.3 |
| | Approved documents: <ul style="list-style-type: none"> • Sexual and Reproductive Health policy • Child and Neonatal Health policy • Integrated Strategic Plan for the achievement of the MDG 4&5 • National Strategy for Traditional Birth Attendants; • National SRH and CH Partnership Proposal • National Strategy for Mother Waiting House finalized and submitted for MOH approval | On track | | 1.7.3 |

| Planned activities/ interventions | Expected Future results | Performance (on-track etc) | Comments on projected performance | PE |
|--|--|----------------------------|-----------------------------------|------|
| | <ul style="list-style-type: none"> • Strategic Plan for Neonatal and Child Health 2008-2012 resubmitted for MoH approval • Certification of Health Facilities in IMCI and EmOC • Standards of care for managing high risk and • IMCI flowcharts, available | | | |
| Work with the sections of RH to initiate the implementation of the plan to prevent cervical cancer | Progress report on FS support to the review process of SSR and CH guidelines available | On track | | 17.3 |
| | Reviewed Trainer guidelines on prevention and treatment of cervical cancer available in Portuguese | On track | | 15.2 |
| Work with the MOH sections of RH and CH in adopting of policies, strategic plans and guidelines | Finalization of : <ul style="list-style-type: none"> • Strategy for Family Planning • Guidelines for the National Committee on Maternal and Neonatal Deaths audit • SRH guidelines development/ update • CH guidelines (Guideline for caring healthy and Sick Child, IMCI for caring new born (NB) (0-7 days) integrating screening of HV/AIDS, PMTCT services and malaria in under 5 Yrs | On track | | 17.3 |
| | Advocacy for MOH approval and/or dissemination of : <ul style="list-style-type: none"> - Sexual and Reproductive Health policy - Child and Neonatal Health policy - Child and Neonatal Health Strategy - Strategy for waiting homes for pregnant woman and newborn - Strategy to Strengthen Traditional Birth Attendants Intervention - Proposal for the SSR and CH National Partnership | On track | | 17.3 |
| Work with the sections of RH to initiate the implementation of the plan to prevent cervical cancer | Translation of facilitator's cancer guideline reviewed | On track | | 15.2 |
| | Procurement of cervical cancer equipment and instruments followed-up by FS | | | 15.2 |
| Specific objective three: Strengthen MoH capacity in management, leadership and promotion of quality in RH and CH at central level and in the target provinces. | | | | |
| Work with the DNPPS in the preparation of a plan to strengthen the M&L processes in the context of SRH and CH in QI | M&L training sessions completed which have been prepared and can be incorporated into SRH and CH QI programs. | On track | | 16.1 |
| | | | | 17.1 |
| | Recommendations for a plan for handover of the | On track | | 16.1 |

| Planned activities/ interventions | Expected Future results | Performance (on-track etc) | Comments on projected performance | PE |
|---|--|----------------------------|-----------------------------------|----------------|
| | QI process in the provinces developed. | | | |
| Consolidation and support for scale up of quality improvement process for SRH and CH services, including PMTCT, nutrition and Malaria | QI process monitored and Progress reports available | On track | | 1.6.1 |
| | QI data base finalized and submitted to MoH | On track | | 1.6.1 |
| | Doc on mechanisms to acknowledge progress in the QI process approved | On track | | 1.6.1 1.7.1 |
| | Package of guidelines to support the scaling up of QI strategy available | On track | | 1.6.1 1.7.1 |
| | Plan to scale up QI activities, approved | On track | | 1.6.1 |
| | Specific objective four: Strengthening training actions in the areas of RH, CH, including aspects of nutrition and prevention and treatment of malaria. | | | |
| No longer part of FS work | | | | |
| Additional activities: Avian influenza | | | | |
| Work with Dept of Environmental Health and collaborate with MINAG in the development, dissemination, and use o IEC materials to prevent AI though training interventions and other learning opportunities | Two AI prevention posters with finalizing the content , colours, layout developed with FS support | On track | | 1.4.1 1.4.4 |
| | AI posters and communication materials developed with FS support | On track | | 1.4.1 1.4.4 |
| | Guide/package for the trainer/health worker fort AI prevention talks (includes IEC materials, session guides) developed with FS support | On track | | 1.4.1 1.4.4 |
| | AI trainer bags, caps and t-shirts printed and distributed with FS support | On track | | 1.4.1 1.4.4 |
| Work with the Department of Environmental Health to compile a document that provides a summary of what has been done to address AI in Mozambique | AI concept paper (precursor to developing the document itself) developed with FS support | On track | | 1.4.1 1.4.4 |
| Project close-out | | | | |
| Prepare and implement a detailed close out plan to cover all aspects | Detailed close out plan accomplished | On track | | n/a |
| Prepare final project report | Final report completed | On track | | n/a |
| Organize and facilitate close-out event | Close-out event | On track | | n/a |

Section C

6. Compelling individual level success story: Quality improvement, gentle birth and strong team will [go together] at Manjacaze Rural Hospital

In 2006, the Ministry of Health in Mozambique started developing and implementing a strategy based on performance standards aimed at improving quality of service delivery in SRH and CH. Many partners provided support, namely FORTE Saúde, WHO, UNFPA, UNICEF, World Vision, Save the Children, Pathfinder and Project HOPE. As part of the effort, in 2007 standards for quality in SRH and CH services were finalized and provincial teams were trained in order to start the implementation of the quality improvement (QI) process in 18 selected health facilities of 6 provinces of Mozambique.

The Manjacaze Rural Hospital (HRM), in Manjacaze district, Gaza province, is an active participant of the QI process and has shown commitment and creativity in promoting services of higher quality. Since February 2007 the HRM team, first led by Dr Mbate Matandalasse and later by Dr Shaida Sulemane, sought the support of local communities. This support was critical for the successful implementation of both the QI plan and gentle birth initiatives at HRM.



Fig #. Art panel at HRM. courtesy of FORTE Saúde]

With community support, and from a local painter, Mr Estêvão Mucavele, HRM has been carrying out activities to turn the hospital building into a friendlier and more efficient place, all with the community in mind. They painted various hospital sections, built art panels for both the interior and the outside of the hospital. The panels show “people-friendly Hospital of Manjacaze”. In addition, there are posters showing user’s rights, toys and places for children to play, fans for better ventilation, clients get snacks while they wait. The hospital staff received training related to interpersonal and clinical skills. Now

delivering women can indicate who they want to be with them during labour. The team at “people-friendly Hospital of Manjacaze” is proud and excited with achievements,

and intend to transform Manjacaze Hospital into a model health facility, where users’ rights are treasured.

Section D

7. Documentation of better practices that can be replicated or taken to scale:

Quality improvement is a best practice at health facilities in Mozambique

What is quality? Quality, as applied to health, can loosely be defined as a composite of improvements in: clinical diagnosis and treatment; delivery of client centered services; access and use of information, education and communication within health facilities; the reliance on evidence to improve services; and overall strengthening facility management.

What approach is used? The implementation of QI in SRH and CH services in Mozambique is based on Jhpiego’s “performance-based management and recognition of services” approach. This approach is built around internal processes which enable the use of standard tools and practices to identify, assess and improve the quality of service delivery. Continuous learning, self-assessments, internal and external supervision, and recognition of progress are also part of the approach.

Why is it a best practice? The cost of the QI process is low because it uses the health unit’s own staff and resources (it just requires applying a different mindset!). Almost instantly, results can be felt and measured by health workers. QI is easily expanded to other health sites, often using the experience of implementing facilities.